



**City of Riverside, California
Personnel Policy and Procedure Manual**

Approved:

Human Resources Director

City Manager

Number: VI-30 Effective Date: 06/01

SUBJECT: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

PURPOSE:

To define the City of Riverside's policy and procedure with regard to the Federal requirements of the Health Insurance Portability and Accountability Act (HIPAA) as it affects health benefits.

POLICY:

The City of Riverside's HIPAA policy supplies the means by which employees and/or their dependents are provided written certification of a period of creditable coverage towards any pre-existing condition exclusions that may exist. Such certification may be required by a separating employee's plan under a new employer.

Pre-existing condition limitations are only imposed for conditions for which medical care or advice was recommended within the 6-month period preceding the enrollment date. The enrollment date is defined as the earlier of either the date of enrollment or the date the participant waiting period begins. Limitation periods cannot exceed 12 months except in the case of certain late enrollments, in which case the period cannot exceed 18 months. The participant must be notified in writing of the existence and terms of exclusions and the right of individuals to demonstrate creditable coverage.

HIPAA explains the pre-existing condition exclusion as "a limitation or exclusion of benefits relating to a condition based on the fact that the condition was present before the date of enrollment for such coverage, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before such date."

The Plan sponsors and insurers are required by HIPAA to provide this certification when a qualifying event occurs, in accordance with federal law, as described below.

1. At the time the individual ceases to be covered under the plan or becomes covered under COBRA continuation coverage.
2. At the time a person on COBRA coverage ceases that coverage.
3. Upon request, if the request is made within 24 months of termination of coverage.

PROCEDURE:

Responsibility	Action
Employee	1. Notifies Human Resources when a dependent is no longer eligible for coverage and submits necessary change forms to delete the dependent(s) from the plan.
Department	2. Submits P-2 and related forms, notifying Human Resources of employee separation.
Human Resources	3. Notifies insurance company of qualifying event. The insurance company provides the HIPPA certificate.

Disclaimer: This policy is for internal processes only. Should a discrepancy exist between this document and Federal or State Law, the Federal or State Law will prevail.